

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

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(FOR USE WITH FORM PTO-875)

Claim 10, 12, 13, 11/2/05

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		F		1		1	1					
2		1		1		1	2		1				
3		1	*	1		1	3		1				
4		1		1		1	4		1				
5		1		1		1	5		1				
6		1		1		1	6		1				
7		1		1		1	7		1				
8		1		1		1	8		1				
9		1		1		1	9		1				
10		1		1		1	10		1				
11		1		1		1	11		1				
12		1		1		1	12		1				
13		1		1		1	13		1				
14		13		1		1	14						
15		13		1		1	15						
16		13		1		1	16		1				
17		13		1		1	17		1				
18		13		1		1	18		1				
19		13		1		1	19		1				
20		13		1		1	20		1				
21		13		15		1	21		1				
22		13		15		1	22		1				
23		13		1		1	23		1				
24		8		8		1	24		1				
25	1		1		1		25	1					
26	1		1		1		26	1					
27		2		1		1	27		1				
28		2		1		1	28		1				
29	1		1		1		29	1					
30		1		1		1	30		1				
31		2		1		1	31		1				
32				1		1	32		1				
33				1		1	33		1				
34							34						
35							35						
36							36						
37							37						
38							38						
39							39						
40							40						
41							41						
42							42						
43							43						
44							44						
45							45						
46							46						
47							47						
48							48						
49							49						
50							50						
TOTAL IND.	4		4		4		TOTAL IND.	4					
TOTAL DEP.	60		64		29		TOTAL DEP.	37					
TOTAL CLAIMS	64		68		33		TOTAL CLAIMS	41					